Toward A Better Age

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Minister of Health and
Minister Responsible for Seniors

Strategies For Improving The Lives Of Senior British Columbians

HOW YOU CAN PARTICIPATE IN "TOWARD A BETTER AGE"

You have taken the first step in participating by reading this Discussion Paper. Your Provincial Government is conducting a full and open consultation process, and is asking for your thoughts on where to set priorities for the programs identified in this paper, for future planning on services and programs which will ensure security for seniors now, and into the future.

The challenge of providing for the needs of an ever-increasing number of seniors in our Province requires input from all of us, Government and you, as individuals, families, professional and non-professional caregivers, and communities.

A Task Force will hold public meetings throughout British Columbia during the months of May and June, 1989, to hear your thoughts on the opportunities described in this Discussion Paper. Watch your local newspaper for the details on meeting times and locations. For further information, call toll free at:

1-800-663-7588

If you are unable to attend any of the public meetings, we invite you to submit your thoughts in writing by June 30, 1989. Prepare a brief in your own format or write a letter and mail it to:

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"TOWARD A BETTER AGE"

STRATEGIES FOR IMPROVING THE LIVES OF SENIOR BRITISH COLUMBIANS

DISCUSSION PAPER

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1.0 INTRODUCTION

1.1 What is this Discussion Paper about?

The purpose of this Paper is to generate discussion between Government and the public about establishing priorities for the programs identified in this Paper, and developing strategies which will help ensure a high quality of life for British Columbia's seniors, now and into the next century.

The Paper identifies:

- a profile of senior citizens of the Province and talks about how that profile is changing; and
- long term policy directions which may be considered jointly by the Provincial Government, local governments, seniors, and the public at large concerning seniors' needs and aspirations.

1.2 Why was the Paper prepared?

A response to current challenges. In recent months, seniors have been talking to Government, and Government has been listening. In 1987, the Cabinet Committee on Social Policy travelled to seven communities across the Province and learned first-hand about the general concerns of many seniors. Also during 1987, the Ministry of Health's Continuing Care Division asked the public to define the services seniors need. The Ministry received and studied more than 700 submissions, many of them from seniors.

The Ministry also had a professional consulting firm conduct in-depth interviews with seniors throughout the Province. These consultations confirmed that in general British Columbia has a fine system of services for seniors. They also showed that consideration could be given to how these programs might be adapted on an ongoing basis to meet the changing needs of senior British Columbians.

The Government of British Columbia requested this report for the following reasons:

- because seniors have asked for a comprehensive action plan addressing current issues in a broader context recognizing their desire for greater input into the formulation of public policy;
- because Government wants rational, well-planned strategies for ensuring "security for seniors" in the longer term, to the year 2000 and beyond;
- because seniors are an ever-growing proportion of British Columbia's population with distinct needs and aspirations;
- while seniors constitute about 12.5 percent of the British Columbia population, services to seniors account for nearly half of the Ministry of Health's expenditures.

For example, in 1988, the Government's decision to increase user charges for residents of long term care facilities produced considerable public debate. The central conclusion which emerged most clearly from this debate was that, when it comes to continuing care for the elderly, British Columbians have significant differences of opinion about the proper roles of Government, communities, families, and individuals. As a society, we need to review this matter thoroughly, and fashion a new or renewed consensus.

A response to future challenges. Appropriate public policies for seniors will be even more important in the future than they are today. The proportion of the population aged 65 or over will continue to rise steadily. By the year 2000, our seniors population will be approaching half a million, compared to 375,000 in 1988. This fundamental demographic shift suggests the need to develop policies and planning principles which have

broad support, not just from today's seniors, but also from the much larger segments of society who will be seniors in the years to come.

British Columbia is not alone in recognizing the growing needs of seniors. The Federal Government and six provinces have established special offices to deal specifically with seniors' affairs. Their primary roles are coordination, information dissemination, policy development and planning. International trends point toward:

- increasing coordination of health and social services in the planning and delivery of care;
- recognition of a more influential role for the elderly in the policy-making process;
- increasing the role of research in testing and evaluating innovative long term care options;
- with the exception of Japan, a shift away from institutional care toward community care; and
- stimulating and augmenting existing community and family resources.

1.3 How was the Paper prepared?

Lead role of Minister Responsible for Seniors. In recognition of the need for a comprehensive, well-coordinated approach to seniors' issues, the Minister of Health, the Honourable Peter A. Dueck was named Minister Responsible for Seniors on July 6, 1988. As part of its new mandate, the Ministry of Health was charged with coordinating this cross-Government review of public policy as it affects seniors.

Broad participation. To accomplish this comprehensive policy review, the Ministry of Health assembled an Interministry Coordinating Committee on Security for Seniors (Committee) of officials from all Provincial ministries and agencies whose policies have a significant impact on seniors.

The Committee included representatives from the ministries of:

- Advanced Education and Job Training;
- Attorney General;
- Education;
- Finance and Corporate Relations;
- Government Management Services;
- Labour and Consumer Services;
- Municipal Affairs, Recreation and Culture;
- Regional Development;
- Social Services and Housing;
- Solicitor General; and
- Tourism and Provincial Secretary.

Also present were staff from the Premier's Office, BC Transit and the Superannuation Commission. In addition, the Committee

conferred with staff of the Ministers of State for the Province's eight development regions and staff of the Minister Responsible for Native Affairs.

A focus on seniors' concerns. Each Committee representative presented his or her agency's unique perspective on seniors' issues. The Committee focused on the concerns, aspirations and priorities of seniors, as expressed through the Continuing Care Division's 1987 Mandate Review community consultation and other recent public and private discussions. What emerged was a recognition of the need for "security for seniors": security of income; security of access to health services, housing, and transportation; personal security; and, overall, security of self-esteem through independence. Taking these concerns as themes, the Committee then drafted this Discussion Paper, a document which we think will provide a good basis for fruitful dialogue and successful concensus building and priority setting on the issue of "security for seniors."

1.4 How is the Paper organized?

Including this introduction, the Paper has 13 main sections:

- Section 2.0, BRITISH COLUMBIA'S SENIORS, provides a brief profile of British Columbians aged 65 and over.
- Section 3.0, THE MEANING OF SECURITY, explores what the term "security" means for seniors and for society.
- Section 4.0, GUIDING PRINCIPLES FOR PUBLIC POLICIES ON SENIORS, outlines the relative responsibilities of individuals, families, and governments in providing security for seniors. This section also identifies a number of unresolved philosophical questions which will need careful consideration by all parties involved.
- Sections 5.0 through 9.0 outline the Committee's suggested directions for improving seniors' health security, financial security, housing security, transportation security, and personal security. Section 10.0 suggests ways for enhancing seniors' opportunities for social and personal fulfillment. Section 11.0 discusses areas for improved organizational development and management.
- Section 12.0, SUMMARY, summarizes the present situation and notes our achievements concerning security for seniors.
- Section 13.0, NEXT STEPS, acknowledges Government's plans for the immediate future, and proposes steps which you, as an individual, can take to participate in this important consultation process.

2.0 BRITISH COLUMBIA'S SENIORS

2.1 Purpose.

Before we can assess the current status of "security for seniors", or make specific recommendations based on that assessment, it is necessary to understand the characteristics of our seniors population. This section of the Paper provides a brief profile of the Province's senior citizens.

2.2 Definition of "seniors".

As 65 represents the standard age of retirement and the beginning of a new phase in the lives of many British Columbians, this Paper defines seniors as aged 65 or over. Clearly, though, there are potential pitfalls in applying a single label of any kind to a group as heterogeneous as British Columbians aged 65 or more.

2.3 Subsets of "seniors".

Analysts often divide the seniors population into three subsets:

- those aged 65-74 (61 percent of all seniors in 1988);
- those aged 75-84 (31 percent of all seniors in 1988); and
- those aged 85 and over (8 percent of all seniors in 1988).

Categories such as these are somewhat more meaningful for estimating functional abilities and health care needs. While most younger seniors need no special services, the likelihood of difficulties with health or activities of daily living increases with age, particularly after age 85. For example, while less than 2 percent of the 65-74 age group receives facility care, 36 percent of those 85 and over are institutionalized.

2.4 Profile of British Columbia's seniors.

Bearing in mind the dangers associated with any generalizations, it is, nevertheless, useful to provide a profile of British Columbia's seniors. Such an outline helps demolish persistent, but outdated, stereotypes about seniors. Moreover, to be successful, public policies affecting seniors must take account of these basic demographic facts.

When we talk about "seniors", we are talking about:

A group that is growing in size and importance. British Columbia's 375,000 seniors comprise 12.5 percent of our population today. By the year 2000, seniors will number 484,000 and represent 13.9 percent of the population. (See Graph 1.)

A group that is more significant in British Columbia than in other parts of Canada. Seniors make up only 10.9 percent of Canada's population, compared to 12.5 percent of British Columbia's. Moreover, seniors tend to migrate to this Province from other parts of the country. On average, during the past decade, the Province's elderly population has increased

by approximately 3,600 persons per year from migration.

A group that is itself aging. Life expectancy continues to increase, and the rate of population growth is fastest among the oldest of the elderly. By the year 2000, 16 percent of seniors will be 80 or older, compared to 12.5 percent today. (See Graph 2.)

A larger number of women than men. Women make up 57 percent of the Province's seniors population. As the population ages, there are more women than men, so that among seniors aged 85 and over, women outnumber men by more than 2 to 1.

A generally healthy group whose risk of illness and disability increases with age. Most elderly persons are in relatively good health. Thirty-seven percent have some sort of disability, compared to 13 percent for the population as a whole. While seniors as a group account for almost half of the Province's health care expenditures, most of these costs are incurred by a small proportion of seniors, often in the final years or months of their lives.

Persons who, for the most part, live independently. Overall, only about 8 percent of seniors live in institutions. Among those aged 85 and over, 70 percent of the males and 60 percent of the females live in private accommodation.

Persons who often live alone. Although 55 percent of all the elderly live with spouses in private households, more than 70 percent of women 75 or over are single, widowed or divorced. A significant number of these women live alone. The potential for isolation and an accompanying sense of insecurity among seniors living alone is considerable.

A group whose median income is low but rising steadily. While many seniors are well off financially (often they have paid off their homes and thus have lower expenses than other age groups), the median income of seniors as a group is 44 percent below that of British Columbians generally. This situation is improving, however, and it should continue to improve in the coming years as we begin to see the effects of widely available public and private pensions.

Persons who tend to live in certain areas of the Province. About 70 percent of seniors live in Greater Vancouver, Greater Victoria, or the Okanagan.

A group that is especially reliant on public transportation. For seniors who are physically handicapped or financially disadvantaged, public transit is their main means of transportation and is critical to their continued independence.

3.0 THE MEANING OF SECURITY

3.1 Seniors' goals.

The consultation conducted by Government reveals that seniors want, above all else:

- *To remain independent.* Seniors want to avoid or postpone institutional living as long as possible. They do not wish to be a burden on their families, nor do they wish to live with them when they become frail.
- *To have the opportunity for social involvement and personal growth.* Like people of all ages, seniors want to be active and fulfilled. This is becoming more realistic since health standards for the "young" elderly in particular have risen dramatically over the past three decades.

3.2 Potential obstacles to seniors' goals.

Seniors recognize that independence and opportunity hinge ultimately on: good health, financial resources, availability of appropriate housing and transportation, readily available and understandable information about services they need, personal development programs, and protection from criminal acts.

Seniors also recognize that they can become vulnerable in any of these areas. In that event, they may need assistance – either temporary or ongoing – to protect or restore independence and opportunity.

3.3 The meaning of "security" for seniors.

For seniors, then, security means the certainty that, if needed, reasonable levels of assistance will be available in each of several areas:

- *Health security*

  Seniors want to know that:
  - Expert services are available when required.
  - Services are accessible and simple to use.
  - Services promote independence and community living.
  - Services are comprehensive and include residential care when needed.
- *Financial security*

  Seniors want to know that:
  - Personal income will be sufficient to cover reasonable personal living expenses.
  - Assets are protected.
  - Measures are in place to prevent financial abuse and fraudulent or unscrupulous business practices.
  - A reliable system provides proper management of finances for persons who can no longer handle this for themselves.
- *Housing security*

  Seniors want to know that:
  - Their current home can be maintained and modified if necessary.
  - A range of specialized, affordable housing is available to meet the social and physical requirements of the frail elderly.
  - Uniform standards are set for housing accessibility for persons with disabilities.
  - An appropriate range of housing choices is a planning priority.

- *Transportation security*
  Seniors want to know that:
  - Public transit services are available in their community.
  - Public transit is accessible to persons with reduced mobility.
  - Transit services are affordable.
  - Transportation issues are considered when deciding on the location of services for seniors.
- *Personal security*
  Seniors want to know that:
  - They are protected against physical harm or abuse.
  - Remedial measures are taken if abuse does occur.
  - They retain the right to make their own decisions about lifestyle and care.
  - Intervention and guardianship, if unavoidable, will be in the individual's best interest and will be in the least intrusive form possible.
  - Society has a positive view of mature adults and treats the aged with respect.
- *Social and personal fulfillment*
  Seniors want to know that:
  - Suitable continuing education programs are available.
  - Leisure programs are available for seniors with special needs.
  - Recreation and fitness programs custom designed for seniors are available.
  - Society recognizes and respects the diverse cultural heritages of the Province's seniors.
  - Society requires and values the continuing contributions of seniors.

3.4 The meaning of "security for seniors" to society.

The increase in British Columbia's elderly population presents challenges and opportunities for our society as a whole. For example:

- *Higher health care costs.* Seniors currently comprise 12.5 percent of the population but account for nearly half of the Ministry of Health's expenditures. A larger senior population will increase costs noticeably. The increase will be gradual, however, and should be affordable if utilization patterns follow roughly their current trends, and if the Provincial economy maintains expected growth rates. The exact impact will depend on developments in several key areas, most notably:
  - *The health status of the elderly.* The future elderly could be generally healthier than today's elderly because they have known less deprivation and may have had a better understanding of "healthy lifestyles". On the other hand, increased life expectancy may be accompanied by longer periods of disability (which, in turn, could necessitate more chronic care).

– *Availability of "informal care" (self care and family care).* The elderly age groups in the next two decades will have a larger number of adult children, the "baby boomers", to provide informal support. On the other hand, more of the traditional providers of informal care, women (especially adult daughters), are working outside the home and are thus unavailable for this role. Moreover, because the elderly will often be living longer, more of their potential caregivers (both spouses and children) will themselves be elderly.

– *Evolving approaches to "formal" care.* Some expensive institutional care (which now consumes three-quarters of the funding devoted to the elderly) may possibly be replaced with more effective and less costly community-based alternatives such as homemaker services and respite care. On the other hand, the usage and costs of formal care for the elderly could rise if new health problems emerge or expensive high technology services become commonplace.

– *Medical and technological breakthroughs.* Medical discoveries could reduce or eliminate health problems usually associated with aging. For example, it is possible that we could find new ways of preventing Alzheimer's disease or osteoporosis. Similarly, technological advances could produce reasonably priced "aids to daily living" capable of prolonging or enhancing the independence of disabled seniors. On the other hand, the introduction of new pharmaceuticals, high technology treatments and supports can be extremely expensive, and could represent substantial new financial burdens for the Government.

- *Greater attention to legal and ethical issues.* The rising numbers of elderly citizens may produce pressure on society to reconsider a number of difficult legal and ethical issues such as guardianship options and living wills.
- *Shift in focus of Government services.* The aging of the population may mean that future demands on health care, social services and pensions will rise more quickly than the demands on such programs as primary education. Moreover, the provision of services for seniors will require changes in the types of professionals who are recruited and trained. At the same time, Government's focus on programs for seniors should not detract (or be perceived to detract) from services required by other age groups.
- *Change in Government structures.* Seniors expect to contribute to the planning and delivery of the Government services they need. This may require a new administrative structure permitting ongoing involvement of seniors in policy making and program implementation.
- *New industries.* The growing number of seniors, together with their rising incomes and purchasing power, may lead to the development of new industries geared to seniors' needs.

4.0 GUIDING PRINCIPLES FOR PUBLIC POLICIES ON SENIORS

4.1 Purpose.

This section discusses possible guidelines for public policies and programs relating to security for seniors.

The essence of such guidelines is to define how society should allocate responsibility for achieving and maintaining security for seniors (as defined in the previous section). Our assumptions about the proper role of government (relative to the roles of individuals, families, and various informal networks) determine the range of policy and program options we can be prepared to consider.

4.2 Proposed guidelines.

Public policies on security for seniors should recognize that all elements of society have roles to play in achieving the goals which we, as a society, collectively set.

- *Responsibilities of the individual.*
  - To be as independent and self-reliant as possible.
  - To maintain a healthy lifestyle, not only as a senior, but also in youth and middle age.
  - To make provision for retirement.
  - To continue contributing to society, both socially and economically.
  - To participate in the development of public policies.
- *Responsibilities of the family.*
  - To support the social and financial independence and well-being of seniors to the greatest degree possible.
- *Responsibilities of employers.*
  - To improve availability and access to private pension plans to complement the individual's provisions for retirement.
  - To assist individuals in retirement planning and pre-retirement preparation.
- *Responsibilities of community and volunteers.*
  - To support the independence and well-being of the elderly through social support.
  - To promote social, leisure and self-help programs designed to enrich the lives of seniors.
  - To treat seniors with respect and encourage a positive attitude toward aging.
  - To recognize the autonomy of seniors and accord them equal opportunity to participate in society.
- *Responsibilities of local governments.*
  - To provide a full range of municipal services including police and fire protection.
  - To ensure that seniors' housing needs have an appropriate priority in the planning and regulatory process.
  - To foster a sense of community and interdependence.
- *Responsibilities of the Provincial Government.*
  - To provide comprehensive universal, and accessible health care.
  - To ensure, in cooperation with others, that seniors have ready access to the information they need to maintain their independence and security.
  - To develop policies and programs which support the independence of seniors and the integrity of their families.
  - To encourage the efforts of volunteers and local governments.
  - To assist social programs and special services which prolong independence and reduce or postpone the need for health care.
  - To provide protection against abuse and exploitation.
  - To promote a positive public attitude toward the elderly.
  - To encourage the development of sound retirement savings programs and pension plans for all citizens.
  - To monitor and safeguard the quality of services provided to seniors on behalf of Government.
- *Responsibilities of the Federal Government.*
  - To encourage the activities of volunteers and informal support networks.
  - To provide income security.

– To provide adequate transfer payments to provinces for health care and social services, recognizing differential costs associated with a changing age mix.

– To establish appropriate sanctions against criminal activity which preys on the elderly.

4.3 Unresolved philosophical questions.

While the Committee has proposed some general guidelines for public policies on security for seniors, a number of questions remain. These include difficult philosophical questions which can be answered only by careful consideration by all parties involved, including the Government, seniors, and the general public.

The Committee offers a list of these questions in order to stimulate discussion.

- *Eligibility for Government programs.*
  - *Age as criterion* – To what extent should age be a criterion for service eligibility? Should Government guarantee a higher level of security for seniors than for other age groups?
  - *Income/assets as criterion* – To what extent should eligibility for services be subject to income tests or needs tests? Since seniors' incomes will continue to rise during the coming years, should any services other than health care be offered universally?
  - *Residency as criterion* – To what extent should residency be a criterion for service eligibility? In light of the Charter of Rights and Freedoms, can long-time residents of British Columbia receive preference over newcomers?
- *Character of Government programs.*
  - *Specialized or general* – Should Government design programs expressly for seniors, or should it try, wherever possible, to accommodate seniors' needs within general programs?
  - *Priorities* – To what extent should limited resources be devoted to expensive high technology capable of achieving marginal increases in lifespan? How should high technology initiatives rank relative to less costly community-based initiatives (e.g., home support, transit) designed to improve the quality of life of elderly persons still in relatively good health?
  - *Formal or informal support* – How should Government allocate its support between formal and informal services for the elderly? Specifically, how much should we expect families to do for seniors? Beyond some point, should families receive financial compensation for their efforts?
  - What are the social costs and benefits of promoting family care? What is the impact on family caregivers who are themselves becoming elderly? Is it possible to ensure appropriate standards of care?
  - To what extent should Government be supporting volunteerism? What form should this support take?
  - *Affordability* – How should the Government define "affordability" of publicly funded services? Is Government prepared to spend more to keep seniors in their own homes than it would cost to care for them in institutions? If so, how much more?

5.0 TOWARD HEALTH SECURITY

5.1 Key challenges.

The Continuing Care Division's community consultation showed that health security is the number one concern of seniors.

Seniors recognize their own obligation to choose healthy lifestyles and safeguard their personal health as much as possible. But seniors also want assurance from Government that a full range of expert services will be readily available to them in the event of sickness or disability. Like most other British Columbians, seniors do not believe that health care should depend on ability to pay, and they do not wish to become a burden on family or friends.

The challenge for Government, then, is to provide the best possible system of health care services to all British Columbians, including elderly British Columbians. That system should promote seniors' independence, and it must be affordable.

5.2 Achievements to date.

Comprehensive health care system. British Columbia's seniors enjoy one of the finest health care systems in the world. The system includes universal, fully insured medical and hospital care, as well as excellent ambulance, Pharmacare, and public health programs. Innovative programs, such as Quick Response Teams and Short Stay Assessment and Treatment Centres, use multidisciplinary teams to prevent unnecessary inpatient admissions.

Continuing Care Division. Since its establishment in 1978, the Long Term Care Program (later combined with the Home Nursing Care and Community Physiotherapy Programs to form the Continuing Care Division) has provided a wide range of community and residential services for adults with long term health-related problems. The program has proved extremely successful, and has been cited by international authorities as a model worthy of emulation.

Victoria Health Project. Announced in the Spring of 1988, the Victoria Health Project illustrates the Province's ongoing commitment to finding new and better ways of providing health security to seniors. The initial focus of this project (a joint endeavour of the Greater Victoria Hospital Society and the Capital Regional District, with the support of the Ministry of Health) is to test out, as a first priority, innovative ways of coordinating and delivering services to the frail, elderly and chronically ill.

Financial commitments. British Columbia's health care system is well funded compared to other jurisdictions. In 1987/88, British Columbia spent $1,227 per capita on health care, compared to the Canadian average of $1,191. At the same time, cost increases have been kept to levels the economy can afford.

5.3 Opportunities for improvement.

The Committee found that although British Columbia has an excellent, affordable system of health services for seniors, consideration could be made to further develop certain areas.

This section (like those which follow with respect to income, housing, and other forms of security) discusses general areas where improvements might be considered. The Committee proposes that the Government consult with seniors and other British Columbians to clarify what priorities could be established in the development of a long term plan.

5.3.1 A shift from institutional to in-home services for persons needing moderate levels of assistance.

Approximately 8 percent of British Columbia's seniors are institutionalized, a figure notably higher than in some other jurisdictions such as the United Kingdom. Yet, seniors in this Province have made it clear that they wish to remain in their own homes as long as possible, and wish to consider life in a residential care facility only when it is no longer feasible to remain safely in their own home. At present, because other alternatives have not been as readily available, seniors requiring assistance with activities of daily living such as bathing and food preparation are being placed in residential facilities (called "Personal Care", or "Intermediate Care 1"). A consideration would be for the Province to gradually phase out these lower care residential beds, while ensuring that no one will be turned out of their present accommodations, and to transfer the operating funds to additional or enhanced community support services.

Other program developments, like those that have already been implemented in some areas of the Province, could be enhanced. These include the installation of multidisciplinary professional teams called Quick Response Teams, or the establishment of Short Stay Assessment and Treatment Centres. The aim of both these programs is to ensure that the most appropriate system of providing health care is applied to meeting the individual needs of seniors. This means that the important balance between facility care and community-based care is recognized.

5.3.2 Greater emphasis on preventive activities.

With notable exceptions (such as Alzheimer's disease and arthritis), many of the major causes of ill health and disability in old age might be prevented or minimized by healthy lifestyles: regular exercise, proper diet, avoidance of smoking, proper stress management, moderate alcohol consumption, and the use of medications only if necessary. The Ministry of Health can consider taking further steps to encourage individuals to accept responsibility for their own health and to make a lifelong commitment to healthful practices.

5.3.3 Better support for families caring for the elderly.

Caring for an elderly relative can require significant investments of time and money for families. Not all families are familiar with the aging process or with the best techniques of providing care. Moreover, if a senior has heavy care needs and periodic relief is not available to his/her relatives, caregiver "burnout" and subsequent institutionalization of the elderly person are very real possibilities. The Ministry of Health provides respite services and outreach programs. Consideration might be given to enhancing these existing support services to family caregivers.

5.3.4 More alternatives to facility care in small communities.

Many of the Province's smaller communities have too few people to warrant locally situated long term care facilities. Consequently, seniors in these communities are sometimes obliged to move away from their families and friends in order to obtain the care they require.

One possible solution to this situation may be to expand the availability of innovative alternatives to facility care such as "Family Care Homes" (single family residences which accommodate a maximum of two clients) in small communities so that clients eligible for residential care need not move away unless absolutely necessary.

5.3.5 Introduction of multi-level facilities.

As an individual's care requirements change, he/she may be reassessed to a different care level. At present, this may result in transfer from an intermediate care facility to an extended care hospital. This

can be very disruptive for clients and their families. If at all possible, it is preferable to meet each client's changing needs within a single facility.

Trillium Lodge on Vancouver Island and the George Derby Centre in Burnaby are only two examples of facilities which presently provide multi-level care. Where practical, consideration could be given to designing new, and modifying existing, long term care facilities as multi-level facilities capable of offering a full range of intermediate, extended, and/or psychogeriatric care.

5.3.6 Additional facility beds for persons needing higher levels of professional care and/or psychogeriatric care.

Many seniors remain in acute care hospital beds long after the acute phase of their illness has passed simply because no long term care beds are available. British Columbia also has a growing need for specialized residential care units to handle elderly clients with behavioral disturbances (for example, clients with Alzheimer's disease). This is an area which will require further review and the consideration of various options in order to address the changing demand.

5.3.7 Expanded training programs in geriatric care.

British Columbia, like other jurisdictions, has a shortage of medical practitioners in geriatric specialties and related disciplines such as occupational therapy, physiotherapy, nutrition, and audiology. In addition, the Ministry's own field staff and funded service providers require continuing education since knowledge in the field of geriatric care is expanding rapidly.

The Ministry of Advanced Education and Job Training will continue to work with the Province's universities and colleges to expand and improve the training of specialists in geriatric care, and to ensure that the curricula for all health professions give sufficient attention to the needs of the elderly.

5.3.8 More attention to substance misuse issues.

There is growing evidence that many elderly British Columbians suffer from inappropriate use of medication. While seniors consume the most medication of any age group, they are also the most vulnerable to adverse drug reactions. The problem involves both prescription and over-the-counter drugs.

In addition, seniors who abuse alcohol are much less likely than younger persons to be diagnosed and treated correctly. Research evidence shows that seniors require different therapeutic approaches. There are six treatment programs designed expressly for seniors in the Province.

The drug use review program could be expanded, and the development and operation of educational programs targetted at professionals and seniors themselves could be considered for continuation. Careful monitoring of the pilot treatment programs for the elderly, such as the Victoria Innovative Seniors Treatment Agency (VISTA) initiated on February 23, 1989, could help in assessing the merits of establishing similar programs in other areas of the Province.

5.3.9 More equitable eligibility for special benefits.

Persons who were receiving income assistance from the Ministry of Social Services and Housing at the time of their 65th birthday, and who were also eligible for associated medical benefits, continue to be eligible for some of those benefits as seniors. The continued benefits include coverage of medical insurance premiums and some dental work.

The continuing provision of this additional coverage to former income assistance recipients is helpful to them and may well be appropriate, but it does give them significant advantages over other seniors who have equally low incomes but were not on income assistance before turning 65.

6.0 TOWARD FINANCIAL SECURITY

6.1 Key challenges.

After health security, financial security is one of the main concerns of British Columbia's seniors. Adequate income is an essential prerequisite to personal independence and fulfillment.

Financial security is closely linked to the other forms of security discussed in this paper; the higher a senior's income, the more likely it is that he/she can enjoy appropriate housing, transportation, and recreation.

The primary responsibility for ensuring a minimum level of financial security for seniors rests with the Federal Government through its Old Age Security Pension and Guaranteed Income Supplement programs. The role of the Provincial Government is to provide supplemental financial support to individuals who are ineligible for the Federal programs or who remain in need after all other sources of income have proven inadequate.

British Columbians wish to be as self-reliant as possible and to make adequate advance provision for their financial needs in retirement. Hence, a second potential role for the Provincial Government is to facilitate individual planning and saving.

6.2 Achievements to date.

Comparatively high minimum income guarantees. As a group, seniors are now assured of a higher minimum income level than other age groups, resulting in a declining proportion of low income elderly.

Ministry of Social Services and Housing's mandate to assist. This Ministry is responsible for providing assistance to those in need at any age. If a senior has severe financial needs that cannot be met in other ways (or if he/she is not eligible for OAS/GIS), the Ministry can, and does, help out.

A steadily improving income profile. On the whole, the income status of seniors is improving and this trend will continue because increasingly, future retirees will be able to draw on the Canada Pension Plan, employee pension plans, and RRSP's. Since the 1970's, real incomes of those 65 years and older have been rising faster than those of people aged 25-64. In the period between 1971 – 1986, the average real incomes of elderly families increased by 35 percent compared to 27 percent for families headed by men aged 25-64. Consequently, the number of seniors dependent on income assistance programs, such as the Provincial GAIN for Seniors Supplement, will continue to decline.

A wide range of financial assistance. Seniors are given preferential treatment in a number of areas to reduce their personal living costs. Financial assistance programs include the Old Age Income Tax Credit, a higher Home Owner's Grant, reduced Pharmacare co-insurance, reduced rates when travelling on B.C. Ferries on certain days, reduced fares on BC Transit services, reduced charges at Provincial campsites and museums, lower tuition fees at some universities and colleges, discounts on motor vehicle insurance premiums, and lower licence fees for driving, angling, and hunting. Private businesses, too, frequently offer special discounts to seniors.

6.3 Opportunities for improvement.

The Committee's review of financial security for seniors identified a number of areas where improvements might be made.

6.3.1 Enhanced support for appropriate pension arrangements.

One of the Government's primary objectives in the area of financial security is to encourage individuals to make adequate provision for their retirement years either through personal savings programs or through suitable pension schemes.

While the availability of pension income has improved over the last decade, serious gaps in coverage will remain unless action is taken. Low-paid workers will receive limited benefits from the earnings-related Canada Pension Plan. Less than half of all employed workers in the Province belong to private pension plans, and just over a third of women workers are covered. Homemakers, of course, do not have employment pensions and, to date, the Canada Pension Plan has not been extended to them.

This situation presents significant possibilities for further pension reform. The opportunities available could be investigated in consultation with the Federal Government, other provincial governments, and the private sector. One option has been established in 1986 by the Government of Saskatchewan. Their contributory pension plan program has proven extremely popular with women and homemakers eager to help secure their own financial future.

In addition to addressing the issue of inadeqate pension coverage, the Government could consider steps to ensure the quality of current employment pension plans. Unlike most jurisdictions, British Columbia has no legislation governing employment pension plans with respect to issues such as vesting, portability and survivor benefits.

6.3.2 More precise targetting of financial support and assistance.

A number of programs designed to increase the amount of after-tax income available to seniors, or to reduce seniors' costs of living, are universal rather than needs-based. In certain cases, these programs may benefit financially secure seniors as much as (or even more than) seniors in need. For example, seniors receiving the full benefit of the Home Owner's Grant Supplement are those whose property taxes are at least $730 per year. Relatively affluent seniors may be more likely than low income seniors to take advantage of some of the leisure-oriented discounts, such as reduced fees for hunting licences. While these programs may be providing needed assistance to many seniors, to the extent that they are consumed by relatively well-off seniors, they may require further investigation.

At the same time, it is important to remember that any shift away from universal assistance could penalize individuals who have taken the responsibility for planning their own financial security. To determine where priorities should be set in evaluating funding options, an acceptable balance must be established in direct consultation with seniors.

7.0 TOWARD HOUSING SECURITY

7.1 Key challenges.

Appropriate, affordable housing is vital to the independence and well-being of seniors. For those seniors who may have more personal resources to devote to housing, it might be up to the private sector to take a larger role in responding to the special accommodation needs of the growing seniors population.

7.2 Achievements to date.

Supportive programs for low income renters. A significant portion of the seniors population is currently assisted in obtaining good accommodation at an affordable price. This is accomplished through the British Columbia Housing Management Commission's Non-Profit Housing Program, the Rent Supplement Program, the Commission's own property management portfolio of seniors housing, the Ministry's Shelter Aid for Elderly Residents (SAFER) Program.

The Canada Mortgage and Housing Corporation (CMHC) administered Residential Rehabilitation Assistance Program (RRAP) offers up to $6,500 to low income home owners to make necessary repairs and renovations to their homes. The majority of program beneficiaries are seniors.

Supportive programs for home owners. The Supplemental Home Owner's Grant for seniors and the Land Tax Deferment Plan provide cost relief to seniors who own their own homes.

7.3 Opportunities for improvement.

7.3.1 Supportive housing options.

The Continuing Care Division's community consultation revealed that seniors would prefer, above all, to continue living at home even when they become frail, with community-based services to assist them as necessary. If this option were not feasible, the second choice of most seniors would be to move into a group living arrangement, with up to four individuals living together in a mutually supportive setting. Seniors are prepared to accept institutional care as well, but only as a last resort, and only after they are satisfied that both independent and group living would be unsafe or impractical.

Group homes are just one of many options ranging between independent living and residential care. Other options which have proven successful in other jurisdictions are "sheltered" and "congregate" housing. Sheltered housing complexes are composed of separate suites with the added security of alarm systems and a live-in caretaker. Congregate housing features the addition of meal service in a central dining room and some housekeeping and recreational services as well. It has been estimated that between 1 to 3 percent of all seniors require some form of sheltered housing to bridge the gap between fully independent living and institutional care.

Various options for supportive housing, including group homes and sheltered housing, could be examined jointly by the Ministry of Health and the Ministry of Social Services and Housing, and in coordination with counselling programs.

7.3.2 Greater equity.

While all Federal and Provincial housing programs are designed for those in need, the definition of "need" changes from program to program. Greater equity among the various housing subsidies such as SAFER, RRAP, and the Supplemental Home Owner's Grant, is a matter of which programs are appropriate in specific situations, as well as the question of targetting. A review of the full range of existing housing assistance programs could be done in conjunction with the review of financial assistance issues to ensure fairness and effectiveness in their application.

7.3.3 Accessibility standards for housing.

Accessibility requirements under the Provincial building code do not apply to residential buildings and thus the housing needs of the disabled, including many seniors, are not explicitly addressed at either the building design or construction stages. This may be an area for further review.

7.3.4 Planning.

As the Province's population continues to expand, provision for a suitable range of seniors housing options becomes an increasingly important priority for cooperation between municipal and regional planning and senior levels of government.

8.0 TOWARD TRANSPORTATION SECURITY

8.1 Key challenges.

For seniors who are no longer able to drive, either because they cannot afford to do so or because they have a disability, public transit is essential. It permits continued involvement in the community and enables seniors to continue living independently in locations of their choice.

The key challenge for Provincial and municipal governments is to ensure that public transit is as available, accessible, and affordable as possible.

8.2 Achievements to date.

BC Transit, in cooperation with the Province, regional transit commissions, and municipalities, has developed a range of transit services in many of British Columbia's communities. These services have several notable strengths:

Good availability of conventional transit in metropolitan areas. In Vancouver and Victoria, transit services are equal to those in most other major centres across the country.

Limited availability of conventional transit in smaller communities. British Columbia is unique in having a comprehensive Small Community Program which provides 22 transit systems outside the metropolitan areas. In total, it is estimated that transit services are available to 72 percent of the Province's population.

Special transit for the disabled. handyDART services, which now operate in Greater Vancouver, Victoria, and nine smaller communities, provide door-to-door transportation for eligible disabled individuals. Seniors who have mobility problems which make it impossible for them to use conventional transit are eligible to use handyDART.

Fare subsidies. All transit systems offer reduced fares to any senior who holds a Pharmacare card or other proof of age. In addition, low income seniors who meet specified criteria are eligible for heavily subsidized bus passes from the Ministry of Social Services and Housing; and handyDART fares are set to recover just 10 percent of the actual cost of a trip.

8.3 Opportunities for improvement.

8.3.1 Enhanced availability of conventional transit in smaller communities.

In most smaller communities, conventional transit is not available, or it does not operate on Sunday or after 6:30 p.m. on other days of the week. Alternative forms of transit, such as handyDART or subsidized taxis, may be more practical in smaller communities. This concept could be explored in addition to the possibility of extending the availability and/or hours of existing transit services.

8.3.2 Improved physical accessibility of conventional transit.

Custom transit services, by their nature, are highly accessible. But conventional services, with the exception of SkyTrain and SeaBus, are much less accessible. While BC Transit has a trolley fleet and some diesel buses in Vancouver and Victoria which are capable of "kneeling" to reduce the height of the front step, few of the diesel buses in other communities have this feature. Other useful features of some newer buses include double-width automatic doors, more handrails and stanchions, and larger destination signs.

8.3.3 Expanded handyDART services.

Because demand for handyDART services is very heavy, most trips must be booked two or more days in advance. BC Transit policy gives priority to handyDART trips for medical, work, and post-secondary education purposes. Trips for social/recreational purposes (which could include many trips disabled seniors wish to make) receive second priority and may not always be accommodated.

9.0 TOWARD PERSONAL SECURITY

9.1 Key challenges.

"Personal" security is a broad concept involving protection from physical harm, protection of rights, and protection of dignity. Such security is treasured by all citizens, but particularly by seniors. Many fear that if they become physically frail, they may be more vulnerable to physical attack or abuse. And, if they become mentally frail, they fear that they may be certified "incompetent" and consequently deprived of the dignity which accompanies freedom of choice.

Seniors' sense of personal dignity may also be compromised by our society's emphasis on newness and youth, and a tendency to view retirement as a period of inactivity and/or sickness. There may be an opportunity for Government to assist in changing negative and outdated stereotypes relating to seniors.

Governments at all levels have roles to play in protecting the personal security of seniors. Municipal governments, for example, have primary responsibility for police and fire protection; the Provincial Government is responsible for criminal prosecution and guardianship legislation; and the Federal Government enacts criminal law.

9.2 Achievements to date.

Protection from crime and re-victimization. British Columbia has been experiencing a growing rate of violent crime. Therefore, crime prevention programs for senior citizens have become an important part of community policing activities. These programs are designed to enhance personal safety and protection of property. Another initiative, the Provincial Victims Assistance Program, helps victims of all ages to recover from the effects of crime, and teaches them how to help avoid similar experiences in the future.

Education about rights. Agencies funded by the Ministry of Attorney General inform seniors about legal matters and facilitate their access to the justice system.

Guardianship provisions. The Office of the Public Trustee is available to protect the assets and legal claims of persons who cannot protect themselves.

9.3 Opportunities for improvement.

9.3.1 Strengthening of crime prevention and legal education programs.

Crime prevention and legal education programs for seniors have been very successful. The Ministries of Attorney General and Solicitor General could expand crime prevention and legal education programs over the next few years to reflect the growing numbers of seniors.

9.3.2 A coordinated approach to elder abuse.

Researchers and service providers are becoming increasingly aware of the problem of elder abuse. Elder abuse can take several forms including physical abuse, psychosocial abuse, financial abuse, and neglect. Existing laws provide protection and remedies for some types of abuse, but steps could be taken to ensure that the problem is better understood and that professionals know how to recognize and deal with possible cases. A more coordinated approach to addressing the problem of elder abuse, covering the areas of prevention, identification, and intervention could be established.

9.3.3 More flexible guardianship provisions.

Some other provinces have moved to a modified guardianship model based on the principle of minimal intervention in the affairs of persons needing assistance in the management of their legal, financial, or personal rights and responsibilities. Such a model provides the option of limited guardianship, i.e., guardianship restricted to the specific problem areas of each individual. The advantage of this approach is that it protects the civil rights of seniors as much as possible, while still offering them the assistance by Government in those areas where it is needed.

9.3.4 More attention to legal/ethical issues.

Existing law does not always provide adequately for substitute consent to treatment for patients who are incapable, by reason of physical or mental incapacity, of authorizing that care. As a result, medical practitioners may refuse to treat such patients unless their condition is life-threatening or until a committee has been formally appointed for them and has given consent on their behalf. This can be a time-consuming procedure.

In these instances, patients' interests might be better served if legislation could be enacted to establish a hierarchy of persons who could consent to health care on the patients' behalf, preferably persons designated by the patients while still competent. Such legislation may be especially beneficial to the growing elderly population since it is with residents of health care facilities that problems most often arise. Such consent to treatment legislation could be developed by the Ministry of Health in consultation with the Ministries of Attorney General and Social Services and Housing.

As the population ages, difficult ethical questions, such as "living wills", are likely to demand more attention and consideration. Living wills are documents by which an individual specifies, in advance, the circumstances in which life support systems should not be used to prolong his/her life. The Ministries of Health and Attorney General, in consultation with seniors, could develop recommendations with respect to ethical issues of importance to seniors.

9.3.5 Promotion of a more positive attitude toward aging and the elderly.

Younger persons sometimes view retirement as a time of inactivity, disability, or sickness even though just the opposite is actually true in the majority of cases. Government has a role in combatting incorrect and outdated stereotypes, in showing all citizens that most seniors are able and willing to carry on as vital contributors to society. One approach which could be adopted quite readily would be to ensure that the school system and learning materials accurately depict the constructive roles of seniors to young British Columbians.

10.0 TOWARD SOCIAL AND PERSONAL FULFILLMENT

10.1 Key challenges.

This section of the paper discusses strategies for ensuring that seniors have the opportunity to continue growing as individuals; the opportunity to develop new friends and new interests; the opportunity to acquire new knowledge; and the opportunity to contribute meaningfully to society.

For younger persons, employment is one of the main avenues for self-expression and social interaction. While it is possible that the Supreme Court may ultimately find mandatory retirement to be unconstitutional, such a decision would probably produce only a modest increase in the number of persons working beyond age 65. Most seniors will continue to opt for retirement. The challenge for retired seniors (and for the many persons who now choose to retire before age 65) is to use their increased leisure time in ways that enrich both themselves and others.

10.2 Achievements to date.

Important role of seniors as volunteers. The Ministry of Social Services and Housing, and to some extent the Ministries of Health and Attorney General/Solicitor General, have developed very successful counselling programs based on the model of "seniors helping seniors". Seniors play a vital volunteer role in delivering other services as well; for example, about 80 percent of the volunteers at the Royal British Columbia Museum are over age 65.

Educational opportunities. A number of the Province's universities either waive tuition fees for seniors or provide reductions. Some also offer special courses and programs targetted to the needs and interests of seniors.

Recreational opportunities. Seniors are eligible for reduced camping rates in the Province's parks, reduced entrance fees to some heritage sites and museums, and reduced licence fees for hunting and fishing. With the first B.C. Seniors Games held this year in Vernon, many larger municipalities are now beginning to consider the special needs of seniors through their recreation and social planning departments.

10.3 Opportunities for improvement.

10.3.1 Greater use of seniors as volunteers.

The Senior Citizen Counsellors Program operated by the Ministry of Social Services and Housing has proven very successful and seniors have benefitted from it.

Opportunities may exist in communities experiencing a rapid increase in this segment of the population. Educational institutions could also be encouraged to make better use of the wealth of knowledge and experience of seniors by inviting them to assist in classrooms as guest lecturers, for example.

11.0 TOWARD IMPROVED ORGANIZATIONAL DEVELOPMENT AND MANAGEMENT

11.1 Key challenges.

Providing security for seniors requires the involvement of all governments and society. Coordinating the activities of the many different agencies and groups so that they best serve the overall interests of seniors and society presents significant organizational and management challenges.

11.2 Achievements to date.

Consultative Provincial planning. The Provincial Government has demonstrated its commitment to involving seniors in policy and program planning. Recent instances include the Continuing Care Division's community consultation process and the development of this Discussion Paper.

Policy coordination. The Provincial Government has a number of mechanisms which help to ensure a consistent overall approach to public policy involving seniors. One of the most important is the Cabinet Committee on Social Policy. Another more recent approach has been the designation of a Minister Responsible for Seniors.

11.3 Opportunities for improvement.

11.3.1 Attention to economic development opportunities.

The growing purchasing power of seniors and the increasing demand for publicly funded services for seniors have created new opportunities for a wide range of businesses. Although the most obvious opportunities lie in providing medical goods and services and pharmaceuticals, other market areas with considerable potential include housing, personal care, financial services, and the travel industry. Specialized market niches may also exist in the apparel and food industries for products specially designed for seniors. Local communities could be assisted in identifying new opportunities for economic development arising from the long term demographic shift. These could include manufacturing specialized goods for local consumption and for export, as well as increasing recreational and tourism opportunities for seniors.

11.3.2 Review of roles of local government.

Local governments have a major role to play in ensuring a safe environment that supports the dignity of seniors and promotes their access to the community. Cooperative efforts by the Province through the Ministry of Municipal Affairs, Recreation and Culture, and local governments through the Union of British Columbia Municipalities, are important in safeguarding these important aspects of life for seniors.

11.3.3 Directory of available services.

Given the complex variety of services and benefits available to seniors from various levels of government, it is not surprising that many seniors are unaware of the scope of services available, or of how to access them. A more comprehensive listing of Government services for seniors could be published, updated on a regular basis, and given wide distribution. An information line for seniors services could also be investigated, and if appropriate, established.

12.0 SUMMARY

Never before in the history of the Government of British Columbia have seniors in the Province been able to benefit from as many special services as are presently available, and which take into account all facets of their well-being. Not only have the major concerns of health, finances, housing, transportation, and personal security been addressed, social and personal fulfillment opportunities are also included. We can all be justifiably proud of our achievements to date:

- In terms of health security: We have one of the finest health care systems in the world, providing innovations such as Quick Response Teams, Short Stay Assessment and Treatment Centres, and the Victoria Health Project.
- In terms of financial security: The provision of a wide range of financial assistance programs for health care, tax relief, housing, transportation, education, and personal leisure activities. As well, increasing participation in private and public pension plans are resulting in steadily increasing median incomes for seniors as a group.
- In terms of housing security: Low income renters may be assisted financially or through the provision of low rental units, while home owners may benefit from financial assistance for repairs and renovations or for tax relief.
- In terms of transportation security: Conventional transit is readily available in metropolitan areas and slightly limited in smaller communities, while special transit for the disabled is available in large communities and in some smaller ones. As well, fares are reduced for all seniors.
- In terms of personal security: Crime prevention and protection from re-victimization programs are designed to enhance personal safety and protect property, while education programs inform seniors about their rights, and guardianship provisions protect the assets and legal claims of those who cannot protect themselves.
- In terms of social and personal fulfillment: Seniors may take part in a number of educational and recreational opportunities available to them throughout the Province, and some for free or at reduced rates. The important role of seniors as volunteers in our society is recognized and opportunities to use their skills and experiences are provided in such groups as the Senior Citizen Counsellors Program.

Opportunities for seniors to participate with Government in Provincial planning have been provided in the form of the Continuing Care Mandate Review and the development of this Discussion Paper. Two important mechanisms exist which ensure policy coordination, namely the Cabinet Committee on Social Policy and the designation of a Minister Responsible for Seniors.

13.0 NEXT STEPS

13.1 Where do we go from here?

Government has and will continue to take on its appropriate share of the responsibility for ensuring security for seniors.

To maintain a high standard of affordable programs and services, we need the help of individuals, families, professional and non-professional caregivers, interest groups, and communities to tell us your priorities for the programs identified in this paper. Together, we can set an agenda which will guide future Government policy and program development for seniors.

13.2 Next steps for Government.

In the 1989/90 fiscal year, we have already made plans to further enhance our services and programs for seniors. A few examples are:

- Health security: The Continuing Care Division will receive significant additional funding for program enhancements. Funding for Quick Response Teams is increased, and access to Short Stay Assessment and Treatment Centres will be available at no cost to the client.

  In addition, enhancements to the Medical Services Plan Premium Assistance Program will enable approximately 30,000 **more** seniors to qualify for a premium subsidy.
- Financial Security: The Land Tax Deferment Program, administered by the Ministry of Finance and Corporate Relations, will receive increased funding so that home owners aged 60 to 64 inclusive will be eligible for the program.
- Housing security: Additional funding will enhance the Shelter Aid for Elderly Renters (SAFER) program, administered by the Ministry of Social Services and Housing.

  An additional 70,000 seniors' households will benefit from the increased Home Owner's Grant.
- Transportation security: Funding from the Provincial Government will be provided to expand custom transit services operated by BC Transit.
- The establishment of an **Office for Seniors** will enable the Minister of Health and Minister Responsible for Seniors to coordinate policy and program development affecting seniors. A method of listening and talking to seniors is required, as well as support staff to coordinate government activity and share information with seniors.

  To ensure continuing input from seniors and the public, a **Seniors' Advisory Council** will be established by legislation. The Council will provide information to the Minister Responsible for Seniors on matters of concern to present and future senior British Columbians.

13.3 Next steps for you.

You have just taken the first step with us by reading this Discussion Paper. Now, let us hear your thoughts on what you have read. Come to the Task Force meeting in your community or write your thoughts down and mail them to the address on the front page. Let us know your priorities for the programs in this paper that should be addressed, within budgetary limits, to ensure **A Better Age** for senior British Columbians.

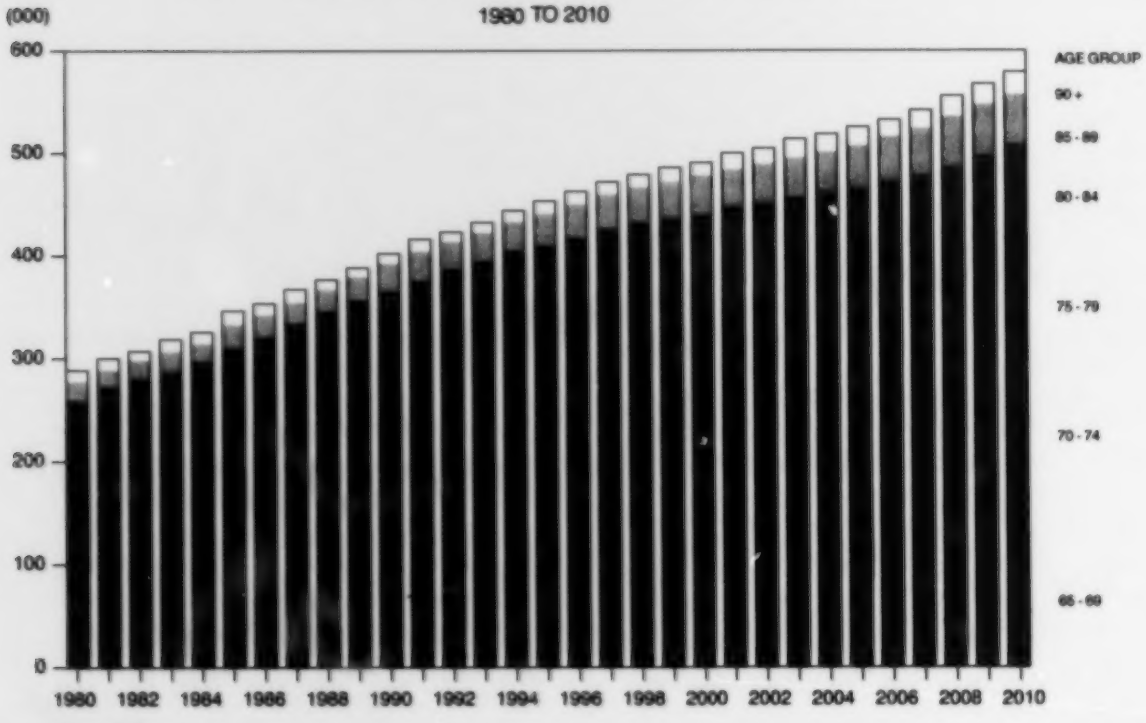
PERSONS OF 65 YEARS OR MORE

AS A PERCENTAGE OF BRITISH COLUMBIA'S POPULATION, 1980 TO 2010

May 1, 1988
Health Economics and Planning

CHANGES IN BRITISH COLUMBIA'S POPULATION 65 YEARS OR MORE

1980 TO 2010



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APPENDIX I

CURRENT GOVERNMENT POLICIES AND PROGRAMS FOR SENIORS RELATIVE TO SECURITY ISSUES

The Province of British Columbia provides 47 programs that exclusively or primarily benefit seniors. The total amount expended during 1987/88 on these seniors programs has been estimated to be $2 billion. For each British Columbian aged 65 and over, this represents an expenditure of $776.

1. Health security.

Most of the Province's expenditures for seniors are generated by programs under the administration of the Ministry of Health. In total, $1.7 billion or 88 percent of all Provincial Government spending on seniors programs is applied to health-related services. Quality health care for seniors has always been a priority in British Columbia.

a) Continuing Care.

The most significant community-based, health-related programs are those funded under the Continuing Care Division of the Ministry. These programs are delivered at the community level through 16 provincial health units, four municipal health departments and one regional district. Field administrators based in each of these 21 local offices are responsible for the coordination and administration of the programs. During 1987/88, Continuing Care programs provided services to approximately 95,000 clients at a cost to the Provincial Government of $350 million. Roughly 85 percent of these clients were seniors.

The current programs of the Continuing Care Division include:

- *The Long Term Care Program* which assists adults with long term health-related problems. These services are provided in the home, community and residential facilities;
- *The Home Nursing Care Program* provides professional nursing services in the homes of clients who have chronic illness or disability;
- *The Community Physiotherapy Program* provides direct treatment and assessments to clients in their homes. Consultative and educational services are also provided in the community.

The Division provides funding to independent agencies for the following community-based and residential services under the Long Term Care program:

i) *Home Support Services* such as Homemakers, Adult Day Care, Meals-on-Wheels, and Group Homes for Independent Living;

ii) *Short Stay Assessment and Treatment Centres* which provide prompt diagnosis and treatment by medical staff specialized in health services to the elderly. This can prevent unnecessary hospitalization or deterioration of functioning following lengthy stays in hospital;

iii) *Quick Response Teams* which operate at the emergency departments of some acute care hospitals to ensure that the elderly are not admitted if appropriate community-based services are available;

iv) *Family Care Homes* which are unlicensed family residences providing a family living environment for a maximum of two Long Term Care clients;

v) *Personal Care Facilities* for clients who require minimal assistance with the activities of daily living and non-professional supervision and/or assistance;

vi) *Intermediate Care Facilities* which serve clients who are independently mobile but require moderate assistance with the activities of daily living plus professional care and/or supervision;

vii) *Licensed Private Hospitals* which also serve personal or intermediate care clients.

b) Hospital programs.

The largest portion of the health care budget within the Province is consumed by the Hospital Programs Division in fulfilling its responsibility for overseeing the operation of acute care, rehabilitation and extended care hospitals in British Columbia.

i) *Acute Care Hospitals*, 95 in number and located throughout the Province, provide a wide variety of programs and services to acutely ill persons of all ages. Special care needs of the elderly patient can be recognized depending on the scope of the problem and availability of resources.

ii) *Extended Care Facilities*, represented by 13 free standing extended care facilities and extended care units, both operated as part of acute care hospitals, provide long term hospitalization for individuals with chronic illnesses and disabilities who are generally not mobile, and who require 24-hour per day nursing care.

iii) *Rehabilitation Facilities*, represented by four rehabilitation hospitals and included as part of many acute care hospitals, provide a wide variety of programs which focus on improving the functional ability of individuals of all ages.

c) Medical Services Plan.

i) *Financial assistance with M.S.P. Premiums.* M.S.P. subscribers with a taxable income (combined with spouse) between $2,500 and $6,500 are eligible for 55 percent premium assistance; those with combined (where applicable) incomes of less than $2,500 are entitled to 95 percent premium assistance. The Ministry of Health pays 100 percent of the premiums of eligible clients of the Ministry of Social Services and Housing, Registered Native Indians, and residents of long term care facilities in receipt of Guaranteed Income Supplement. Approximately 50 percent of seniors are receiving some form of assistance.

ii) *Exemption from patient visit charge for supplementary services.* In July, 1987, the Government introduced a $5 patient visit charge for physiotherapy, massage therapy, naturopathic, chiropractic and podiatry services. Those in receipt of any form of premium assistance are exempt from this charge.

iii) *Additional visits to supplementary benefit practitioners.* M.S.P. subscribers under 65 years of age are insured for 12 visits to supplementary benefit practitioners. Those over 65 are entitled to 15 visits per year.

d) Mental health services.

Mental Health Programs for seniors assist elderly clients in coping with major psychiatric disorders and with the stress that can be associated with physical and psychosocial losses of later life. These services are provided through 53 Mental Health Centres as well as satellite offices, community and rural outreach teams and Riverview Hospital's Geriatric Division. Services provided include assessment, treatment, consultation, rehabilitation, counselling, case management, follow-up, education and training. It is estimated that during 1987/88, mental health services were provided to 2,100 elderly out-patients and 500 in-patients at a cost of $44 million.

e) Pharmacare.

Seniors receive a Pharmacare card which entitles them to receive the full payment of the cost of prescription drugs and partial payment of the dispensing fees. Seniors are required to pay 75 percent of the dispensing fee to a maximum of $125. Payments for services to seniors are made directly by Pharmacare to individual pharmacies. Pharmacare currently provides services to approximately 390,000 seniors at a projected budget of $113 million for 1988/89.

f) Preventive services.

Preventive programs are delivered at the community level through 16 Provincial health units, four municipal health departments and the Capital Regional District. It is estimated that there were 340,000 program contacts with the elderly during 1987/88 at a cost of $2 million. The programs include:

i) *Community Care Facilities Licensing* involves the inspection, investigation of abuse, monitoring and licensing of care facilities.

ii) *Dental Health Services Branch* involves liaison and coordination with local dental societies to encourage and support local dentists in treatment services for residents of continuing care facilities.

Dental care training is provided for staff of long term care agencies.

iii) *Fitness Branch* involves the promotion of positive lifestyle practices in senior adults through community-based health promotion activities such as "Choosing Wellness".

iv) *Hearing Branch* involves identification, assessment, and rehabilitation for the hearing impaired.

v) *Nutrition Branch* involves the promotion of positive lifestyle practices for seniors using educational materials and health education classes to help ensure that clients in licensed adult care facilities receive nutritious food.

vi) *Public Health Nursing Branch* provides nursing assessment, health education, counselling and referral to appropriate professionals and agencies as well as surveillance of adult care facilities and immunization for influenza, pneumonia and other diseases which may be contracted during international travel.

vii) *Speech Branch* involves identification, assessment, case reporting, public information/education and treatment/intervention programs for speech impaired adults.

g) Services to the handicapped.

Provides community home-based residential care for persons with multiple handicaps most of whom are currently under 65 years of age. Regional staff ensure that care providers are well matched with their clients and that appropriate support is available in the community. Whenever possible, people are placed with families or in family-like settings.

h) Ministry of Social Services and Housing – health care services for seniors.

Provides payment of Medical Services Plan premiums and some dental work for 20,955 seniors. Benefits of this program are restricted to seniors who were on income assistance prior to their 65th birthday and who have received medical benefits as part of income assistance.

i) Victoria Health Project

The Ministry of Health, along with the Capital Regional District and the Greater Victoria Hospital Society, is conducting a pilot project which is called the "Victoria Health Project". This pilot project will explore innovative ways of coordinating and delivering services to the frail elderly and chronically ill.

2. Financial security.

The issue of financial security for seniors in British Columbia is provided in different ways through a number of programs administered by various ministries. Financial assistance programs for seniors generally take the form of direct payments, reduced rate structures or the provision of specialized services.

a) Direct income assistance.

i) GAIN for Seniors Supplement is administered by the Ministry of Social Services and Housing and provides direct payment to 48,000 seniors who are receiving the Federal Guaranteed Income Supplement to Old Age Security. This benefit is designed to bring seniors' incomes up to a specified level. The average monthly payment to each beneficiary (singles and couples) is currently $38.33 per month. The cost of the GAIN for Seniors Program was approximately $16 million in fiscal 1987/88.

b) Non-refundable Tax Credit is provided jointly by the Federal and Provincial Governments for seniors.

3. Housing security.

a) Shelter Aid for Elderly Renters (SAFER) is administered by the Ministry of Social Services and Housing. This benefit provides direct cash assistance to seniors who are residents in private rental accommodation and are paying more than 30 percent of their gross monthly income in rent. To be eligible, the senior must be over 65, receiving old age security and have a gross monthly income of $1,100 or less. On application from the individual, SAFER will pay up to 75 percent of rental costs which exceed 30 percent of the senior's gross monthly income.

There are currently 8,409 seniors utilizing the SAFER program. Expenditures for this program in fiscal 1987/88 were $6.49 million.

b) Social housing programs. The British Columbia Housing Management Commission, which is the housing arm of the Ministry of Social Services and Housing, assists non-profit and public organizations to build housing for seniors, families and the disabled. The Commission administers the Rent Supplement Program for almost 13,000 eligible units of seniors housing in the province – most of which are managed by private non-profit organizations. In addition, the Commission operates and manages almost 4,000 units of seniors housing within its own property management portfolio.

c) Housing assistance for seniors is provided by the Ministry of Municipal Affairs and takes the form of an additional Home Owner's Grant of $250 per year for seniors. This amount is applied directly to the seniors' municipal residential taxes. One hundred and forty-one thousand seniors were eligible for this benefit in fiscal 1987/88 at a cost of $31,420,000.

d) Other related security initiatives come in the form of a Land Tax Deferment Plan provided through the Ministry of Finance and Corporate Relations which allows participants to "mortgage" their property with the Province in lieu of payment of municipal taxes.

4. Transportation security.

a) BC Transit, as a Crown Corporation in cooperation with the Province, municipalities, and townships, operates bus services in 24 British Columbia cities and towns, as well as the SeaBus and SkyTrain operations in Greater Vancouver. All seniors receive a reduced rate which varies regionally and according to the type of service. All that is required to obtain the reduced rate is the presentation of a Pharmacare card as proof of age.

b) Bus fare assistance can be obtained by seniors through the Ministry of Social Services and Housing Bus Pass Program. On application and for a charge of $32 per year a British Columbian resident senior who is 65 years or over, and who is receiving Federal Guaranteed Income Supplement (GIS) or Provincial GAIN for Seniors Supplement, can obtain a bus pass valid for unlimited BC Transit bus transportation. This program only applies to conventional fixed route transit services; it is not available to handyDART services. There are currently 25,382 beneficiaries of this program for an estimated cost of $4.3 million in fiscal 1987/88.

c) Specialized transit services are provided through BC Transit in cooperation with regional transit commissions and municipalities to subsidize 90 percent of the operating cost of custom transit or handyDART for disabled people. Seniors and others who are unable to use conventional transit buses because of mobility problems are eligible to use custom transit and paratransit services. Eligible users book service in advance by telephone and receive door-to-door service. They pay fares which are comparable to regular transit fares and which are set to recover 10 percent of the total operating cost. In 1987/88, the Province contributed $5.1 million of the total Provincial custom transit cost of $7.7 million. Transit commissions and municipalities paid $1.7 million, while user fares made up the balance of $900,000. SkyTrain and SeaBus in the Vancouver region are accessible for people who use wheelchairs and others with impaired mobility. Some of the conventional buses in the region have a special front suspension which permits the driver to lower the front end at bus stops with no curb, thereby easing entry for persons who cannot easily step up into the bus.

Buses in Vancouver also have extra large destination signs and additional stanchions and handrails, double-wide doors and automatic rear-doors.

d) British Columbia Ferry Corporation operates a reduced fare scheme for seniors.

e) Motor Vehicle Branch offers the driver's exam free of charge to seniors, and charges a reduced rate for driver's license fees.

f) Insurance Corporation of British Columbia provides an auto insurance discount to seniors.

5. Personal security.

a) Public Trustee services are supplied by the Ministry of Attorney General in order to protect the assets and legal claims of those who cannot protect themselves. The Public Trustee serves seniors by acting as committee, meaning a person who manages the affairs of another, or by monitoring people who act as committees. Over 54 percent of the 12,400 files of the Office of the Public Trustee represent seniors.

b) Public legal education and access to justice are addressed through agencies which are funded by the Ministry of Attorney General to provide services which inform seniors of legal matters and facilitate their access to the justice system. The major delivery agency is Public Legal Education Society which offered over 100 classes to nearly 4,000 seniors in 1987/88. Of these, 35 classes serving approximately 1,200 seniors were in languages other than English. The Ministries of Attorney General and Solicitor General have provided funding for two special projects which incude the funding of an elder abuse conference (October, 1987) and the support of a research project reviewing legal services to seniors in British Columbia.

c) Crime prevention/community policing programs for senior citizens have become an important part of community policing activities aimed at specific target groups. Many programs and presentations are offered by the police and other related agencies aimed at enhancing personal safety, property protection and lifestyle. Such programs, some of which fall under the headings of Neighbourhood Watch, Assault and Theft Prevention and Schemes and Scams and Cons, are offered by the R.C.M.P. and municipal police forces, often with the assistance of the Ministry of Solicitor General of British Columbia and the Justice Institute of British Columbia. Seniors are also welcome as volunteers in those communities which have community crime prevention activities such as Block Watch, Community Police Stations or Citizen Patrols.

d) Victim assistance is supported by the Ministries of Attorney General and Solicitor General in recognition of the important part the victim plays in ensuring an effective justice system as well as the need to provide services to help victims recover from the effects of crime and to prevent re-victimization. The Victim Assistance Program is designed to achieve these ends through the provision of a basic level of services to victims of crime throughout the Province.

6. Social and personal fulfillment.

a) Senior citizen counselling services are provided by volunteers throughout the Province. The costs of administering the program and financing the expenses of volunteers up to $125.00 per month are met by the Ministry of Social Services and Housing. The purpose of the program is to help inform seniors of all services and programs available to them as well as to provide informal counselling and support. Expenditures for this program for 1986/87 were $196,000.

b) Recreation subsidies are available through the B.C. Parks Branch in offering seniors a reduced rate of $3.00 per night as opposed to the $7.00 per night for non-seniors. Seniors also receive reduced charges for hunting and fishing licences.

c) Education subsidies. The Ministry of Advanced Education and Job Training provides funding for the Province's three universities and 16 community colleges. Some facilities offer specialized courses and programs for seniors if there is sufficient demand. The universities and colleges are responsible for setting their own fees and these vary from institution to institution. Institutions generally tend to reduce or waive fees for seniors on credit courses, however, seniors taking Continuing Education courses normally pay full rates.